

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- .1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
 .2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?
 .3 State Regulating?

Yes[X] No[]

- .1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?
 .2 If yes, date of change:

Yes[X] No[] N/A[]
Tennessee....

- .3 State as of what date the latest financial examination of the reporting entity was made or is being made.
 .3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
 .3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
 .3.4 By what department or departments?
 Tennessee Department of Commerce & Insurance

.....06/30/2004.....

.....06/30/2004.....

.....05/15/2006.....

- .4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business?
 4.12 renewals?
 .4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business?
 4.22 renewals?

Yes[] No[X]
Yes[] No[X]

- .5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 .5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

Yes[] No[X]

Yes[] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

- .6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?
 .6.2 If yes, give full information:

Yes[] No[X]

- .7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

- .7.2 If yes,

.....0.000%

- 7.21 State the percentage of foreign control
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....

- .8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

Yes[] No[X]

Yes[] No[X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
..... Yes[] No[X] ..				

- .9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Deloitte & Touche LLP, 424 Church Street, Suite 2400 Nashville, Tennessee 37219

- .10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Edgar Schneider, actuary, Reden & Anders Ltd., 2170 Satellite Blvd, Suite 150, Duluth, GA 30097

Yes[] No[X]

- .11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?
 11.11 Name of real estate holding company
 11.12 Number of parcels involved
 11.13 Total book/adjusted carrying value
 11.2 If yes, provide explanation

0

\$ 0

- .12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?
 12.3 Have there been any changes made to any of the trust indentures during the year?
 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes[] No[] N/A[X]

Yes[] No[] N/A[X]

Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

- 3.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
- Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - Compliance with applicable governmental laws, rules and regulations;
 - The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - Accountability for adherence to the code.
- 13.11 If the response to 13.1 is No, please explain:
- 13.12 Has the code of ethics for senior managers been amended?
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).
- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers?
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).

Yes[X] No[]

Yes[] No[X]

Yes[] No[X]

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

Yes[X] No[]

Yes[X] No[]

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?
15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?
16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[] No[X]

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---------|---|
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
- 18.11 To directors or other officers
- 18.12 To stockholders not officers
- 18.13 Trustees, supreme or grand (Fraternal only)
- 18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---------|---|
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
- 18.21 To directors or other officers
- 18.22 To stockholders not officers
- 18.23 Trustees, supreme or grand (Fraternal only)
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- | | |
|---------|---|
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
- 19.21 Rented from others
- 19.22 Borrowed from others
- 19.23 Leased from others
- 19.24 Other
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?
- 20.2 If answer is yes:
- | | |
|---------|---|
| \$..... | 0 |
| \$..... | 0 |
| \$..... | 0 |
- 20.21 Amount paid as losses or risk adjustment
- 20.22 Amount paid as expenses
- 20.23 Other amounts paid
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

Yes[] No[X]

1 Nature of Restriction	2 Description	3 Amount
.....

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[] No[X]

- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[] No[] N/A[X]

- 25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[] No[X]

- 25.2 If yes, state the amount thereof at December 31 of the current year.

\$..... 0

26. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?

Yes[] No[X]

- 26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

GENERAL INTERROGATORIES (Continued)

1 Name of Custodian(s)	2 Custodian's Address
Bank of America	Atlanta, Georgia
Regions Morgan Keegan	Nashville, Tennessee
Regions Morgan Keegan	Little Rock, Arkansas

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?

Yes[X] No[]

26.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
AmSouth Investment Services	Regions Morgan Keegan	10/12/2007 ..	Merger / acquisition

26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 Total

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

28. Provide the following information for all short term and long term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	5,829,237	5,829,237
28.2 Preferred stocks .....	.....	.....
28.3 Totals	5,829,237	5,829,237

28.4 Describe the sources of methods utilized in determining the fair values
Fair values are provided by custodial financial institutions.

29.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

29.2 If no, list exceptions:

OTHER

30.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
.....

31.1 Amount of payments for legal expenses, if any?

\$..... 0

31.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 0

32.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

	Yes [] No [X]
.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$..... 0
.2 If yes, indicate premium earned on U.S. business only:	\$..... 0
.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
.3.1 Reason for excluding:	\$..... 0
.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$..... 0
.6 Individual policies - Most current three years:	\$..... 0
1.61 Total premium earned	\$..... 0
1.62 Total incurred claims	\$..... 0
1.63 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.64 Total premium earned	\$..... 0
1.65 Total incurred claims	\$..... 0
1.66 Number of covered lives	\$..... 0
.7 Group policies - Most current three years:	\$..... 0
1.71 Total premium earned	\$..... 0
1.72 Total incurred claims	\$..... 0
1.73 Number of covered lives	\$..... 0
All years prior to most current three years:	
1.74 Total premium earned	\$..... 0
1.75 Total incurred claims	\$..... 0
1.76 Number of covered lives	\$..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	119,587,225	57,048,413
2.2 Premium Denominator	119,587,225	57,048,413
2.3 Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4 Reserve Numerator	12,308,537	8,714,990
2.5 Reserve Denominator	13,256,977	8,958,606
2.6 Reserve Ratio (2.4 / 2.5)	0.928	0.973

- 3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]
- 3.2 If yes, give particulars:
- 4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No[]
- 4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[] No[X]
- 5.1 Does the reporting entity have stop-loss reinsurance? Yes[] No[X]
- 5.2 If no, explain:
WHP had global capitation contracts with two large provider contracts who both elected not to have reinsurance. These contracts ended 06/30/04 and 11/30/05 and no reinsurance has been procured.
- 5.3 Maximum retained risk (see instructions):
- 5.31 Comprehensive Medical \$..... 0
 - 5.32 Medical Only \$..... 0
 - 5.33 Medicare Supplement \$..... 0
 - 5.34 Dental \$..... 0
 - 5.35 Other Limited Benefit Plan \$..... 0
 - 5.36 Other \$..... 0
6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
WHP's provider contracts contain hold harmless language.
- 7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes[X] No[]
- 7.2 If no, give details:
8. Provide the following information regarding participating providers:
- 8.1 Number of providers at start of reporting year 4,788
 - 8.2 Number of providers at end of reporting year 12,502
- 9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[] No[X]
- 9.2 If yes, direct premium earned:
- 9.21 Business with rate guarantees between 15-36 months 0
 - 9.22 Business with rate guarantees over 36 months 0
- 10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes[] No[X]
- 10.2 If yes:
- 10.21 Maximum amount payable bonuses \$..... 0
 - 10.22 Amount actually paid for year bonuses \$..... 0
 - 10.23 Maximum amount payable withhold \$..... 0
 - 10.24 Amount actually paid for year withhold \$..... 0
- 11.1 Is the reporting entity organized as:
- 11.12 A Medical Group/Staff Model, Yes[] No[X]
 - 11.13 An Individual Practice Association (IPA), or, Yes[] No[X]
 - 11.14 A Mixed Model (combination of above)? Yes[] No[X]
- 11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes[] No[X]
- 11.3 If yes, show the name of the state requiring such net worth.
Tennessee
- 11.4 If yes, show the amount required. \$..... 6,291,309
- 11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes[] No[X]
- 11.6 If the amount is calculated, show the calculation.
Amount totaling 4% of the first \$150,000,000 of revenue earned for the prior calendar year, plus 1.5% of the amount earned in excess of \$150,000,000 for the prior calendar year. Windsor's revenues for 2006 totaled \$169,420,617 (\$104,051,603 in TennCare revenue and \$65,369,014 in Medicare revenue); therefore, Windsor's current statutory net worth requirement is \$6,291,309 (\$150,000,000 x 4% + (\$169,420,617 - \$150,000,000)x1.5%).
12. List service areas in which the reporting entity is licensed to operate:

1	Name of Service Area
In Tennessee: Davidson, Williamson, Rutherford, Maury, Hickman, Cheatham, Trousdale, Sumner, Cannon, DeKalb, Knox, Hamilton, Shelby, Fayette, Madison, Crockett, Tipton, Lewis, Wayne, Lawrence, Giles, Marshall, Moore, Franklin, Coffee, Grundy, Macon, Pickett, Stewart, Houston, Humphreys, Cocke, Lauderdale, Obion, Carroll	
In Alabama: Jefferson	

GENERAL INTERROGATORIES (Continued)

1	Name of Service Area
	In Arkansas: Pulaski, Saline, Lonoke, Clay, Craighead, Poinsett, Cross, Crittenden, Arkansas, Garland, Hot Spring, Clark, Stone, Cleburne, Independence, Jackson, Greene, Randolph, Benton, Carroll, Washington, Madison, Crawford, Sebastian, Franklin, Logan, Johnson, Yell, Conway
	In Mississippi: Hinds, Copiah, Rankin, Lincoln, Yazoo, Warren, Claiborne, Pike, Attala, Leake, Scott, Smith, Winston, Newton, Kemper, Lauderdale, Clarke, Lowndes, Tunica, De Soto, Tate, Panola, Marshall, Lafayette, Benton, Union, Tippah, Prentiss, Simpson
	In South Carolina: Greenville, Spartanburg

FIVE-YEAR HISTORICAL DATA

	1 2007	2 2006	3 2005	4 2004	5 2003
BALANCE SHEET (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	31,464,960	23,317,372	5,453,930	5,144,185	4,739,560
2. Total liabilities (Page 3, Line 22)	23,819,597	16,699,235	165,406	168,538	351,768
3. Statutory surplus	6,291,309	4,172,221	2,662,003	2,907,434	1,946,994
4. Total capital and surplus (Page 3, Line 31)	7,645,363	6,618,137	5,288,457	4,975,647	4,387,792
INCOME STATEMENT (Page 4)					
5. Total revenues (Line 8)	119,328,295	57,048,413	(19,038)		60,663
6. Total medical and hospital expenses (Line 18)	93,245,916	45,655,995		(55,034)	(62,542)
7. Claims adjustment expenses (Line 20)	94,964	81,205			
8. Total administrative expenses (Line 21)	22,601,041	10,494,358	(326,674)	(149,967)	973,153
9. Net underwriting gain (loss) (Line 24)	3,386,374	816,855	345,712	205,001	(849,948)
10. Net investment gain (loss) (Line 27)	1,173,733	525,325	130,105	63,872	84,090
11. Total other income (Lines 28 plus 29)			(98,000)		
12. Net income or (loss) (Line 32)	2,964,070	1,342,180	377,817	268,873	(765,858)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	9,704,344	12,736,394	(4,018)	548,664	(1,401,684)
RISK-BASED CAPITAL ANALYSIS					
14. Total adjusted capital	7,645,363	6,618,137	5,288,524	4,975,647	4,387,792
15. Authorized control level risk-based capital	4,947,099	2,652,883	61,169	56,832	750,846
ENROLLMENT (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	54,715	53,293	40,951	38,361	28,910
17. Total members months (Column 6, Line 7)	189,478	621,466	512,718	416,116	334,760
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	78.1	80.0			
20. Cost containment expenses					X X X
21. Other claims adjustment expenses	0.1				
22. Total underwriting deductions (Line 23)	97.2	98.6			3,896.0
23. Total underwriting gain (loss) (Line 24)	3	1			(3,636)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Column 5)	6,502,468		(19,038)	9,784	821,657
25. Estimated liability of unpaid claims - prior year (Line 13, Column 6)	8,288,100			64,818	884,199
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 25, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 39, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 53, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Column 5, Line 7)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

										NAIC Company Code 95792	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		1	2	3	4	5	6	7	8	9	10
Total Members at end of:											
1. Pilot Year.....		3,721									3,721
2. First Quarter		4,486									4,486
3. Second Quarter		5,345									5,345
4. Third Quarter		6,230									6,230
5. Current Year.....		19,782									19,782
Total Member Ambulatory Encounters for Year:											
7. Physician.....											...
8. Non-Physician.....											...
9. Total.....											...
10. Hospital Patient Days incurred.....											...
11. Number of Inpatient Admissions.....											...
12. Health Premiums Written (b).....		1,462,431									1,462,431
13. Life Premiums Direct .....											...
14. Property/Casualty Premiums Written .....											...
15. Health Premiums Earned .....											...
16. Property/Casualty Premiums Earned .....											...
17. Amount Paid for Provision of Health Care Services.....		1,152,595									1,152,595
18. Amount incurred for Provision of Health Care Services.....											...

(a) For health businesses: number of persons insured under indemnity only products0 and number of persons insured under managed care products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,462,431



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:

2. LOCATION:

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

		NAIC Group Code 1268		NAIC Company Code 95792							
		1	2	3	4	5	6	7	8	9	10
Total Members at end of:		Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
1. Prior Year		3,935									1,103
2. First Quarter		6,303									1,650
3. Second Quarter		6,873									2,175
4. Third Quarter		7,228									2,677
5. Current Year											
6. Current Year Member Months		24,339									7,605
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)		16,174,700									510,583
13. Life Premiums Direct											
14. PropertyCasualty Premiums Written											
15. Health Premiums Earned											
16. PropertyCasualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services		12,697,287									
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....16,174,700

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

	1	2		3		4		5		6		7		8		9		10	
		Comprehensive	Hospital & Medical	Group	Supplement	Medicare	Vision	Only	Dental	Only	Federal	Employees	Health	Benefit	Plan	Title XVIII	Medicare	Title XIX	Medicaid	Other
NAIC Group Code 1268																			
Total Members at end of:																			
1. Prior Year	5,648	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3,728	.....	1,920	.....
2. First Quarter	7,886	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5,203	.....	2,683	.....
3. Second Quarter	8,930	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5,489	.....	3,441	.....
4. Third Quarter	9,736	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	5,607	.....	4,189	.....
5. Current Year	32,260	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	20,027	.....	12,233	.....
6. Current Year Member Months:																			
Total Member Ambulatory Encounters for Year:																			
7. Physician
8. Non-Physician
9. Total
10. Hospital Patient Days incurred:																			
11. Number of Inpatient Admissions
12. Health Premiums Written (b)	18,446,776	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	17,634,215	.....	812,581	.....
13. Life Premiums Direct
14. Property/Casually Premiums Written
15. Health Premiums Earned
16. Property/Casually Premiums Earned
17. Amount Paid for Provision of Health Care Services
18. Amount incurred for Provision of Health Care Services	14,487,089	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	14,487,089	.....	.....	.....

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare title XVIII exempt from state taxes or fees \$ 18,446,776



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:

2. LOCATION:

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Company Code 95792

NAIC Group Code 1268

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	55,671									
2. First Quarter	24,530									
3. Second Quarter	27,629									
4. Third Quarter	29,477									
5. Current Year	31,461									
6. Current Year Member Months	113,097									
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions	33,244,398									
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	65,359,945									
18. Amount Incurred for Provision of Health Care Services										
(a) For health business: number of persons insured under PPO managed care products	0									
(b) For health premiums written: amount of Medicare title XVIII exempt from state taxes or fees \$.....\$33,244,398										

(a) For health business: number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare title XVIII exempt from state taxes or fees \$.....\$33,244,398

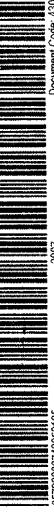


EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1 CORPORATION: 2 LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XIX Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1.	Prior Year.....	55,671						55,671		13,776
2.	First Quarter.....	37,834						24,058		16,367
3.	Second Quarter.....	46,304						29,337		20,436
4.	Third Quarter.....	50,625						30,189		23,887
5.	Current Year.....	54,715						30,828		
6.	Current Year Member Months.....	159,478								75,066
Total Member Ambulatory Encounters for Year:										
7.	Physician									
8.	Non-Physician									
9.	Total.....									
10.	Hospital Patient Days Incurred.....									
11.	Number of Inpatient Admissions.....									
12.	Health Premiums Written (b)	119,328,295						113,142,998		6,185,297
13.	Life Premiums Direct									
14.	Property/Casualty Premiums Written									
15.	Health Premiums Earned									
16.	Property/Casualty Premiums Earned									
17.	Amount Paid for Provision of Health Care Services	33,706,916								
18.	Amount Incurred for Provision of Health Care Services							92,554,321		1,152,595

(a) For health business, number of persons insured under indemnity only products0

(b) For health premiums written, amount of Medicare Title XIX exempt from state taxes of fees \$....119,328,295

SCHEDULE A - VERIFICATION BETWEEN YEARS**Real Estate**

1.	Book/adjusted carrying value, December 31, prior year	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 11	
2.2	Totals, Part 3, Column 8	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 14	
4.2	Totals, Part 3, Column 10	
5.	Total profit (loss) on sales, Part 3, Column 15	NONE
6.	Increase (decrease) by foreign exchange adjustment:	
6.1	Totals, Part 1, Column 12	
6.2	Totals, Part 3, Column 9	
7.	Amounts received on sales, Part 3, Column 12 and Part 1, Column 13	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	

SCHEDULE B - VERIFICATION BETWEEN YEARS**Mortgage Loans**

1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	NONE
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	

SCHEDULE BA - VERIFICATION BETWEEN YEARS**Long-Term Invested Assets**

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	NONE
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description	1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS				
Governments (Including all obligations guaranteed by governments)	1. United States	5,829,237	5,888,955	5,881,386
	2. Canada			
	3. Other Countries			
	4. Totals	5,829,237	5,888,955	5,881,386
States, Territories and Possessions (Direct and Guaranteed)	5. United States			
	6. Canada			
	7. Other Countries			
	8. Totals			
Political Subdivisions of States, Territories and Possessions (Direct and Guaranteed)	9. United States			
	10. Canada			
	11. Other Countries			
	12. Totals			
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States			
	14. Canada			
	15. Other Countries			
	16. Totals			
Public Utilities (unaffiliated)	17. United States			
	18. Canada			
	19. Other Countries			
	20. Totals			
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States			
	22. Canada			
	23. Other Countries			
	24. Totals			
Parent, Subsidiaries and Affiliates	25. Totals			
	26. Total Bonds	5,829,237	5,888,955	5,881,386
PREFERRED STOCKS				
Public Utilities (unaffiliated)	27. United States			
	28. Canada			
	29. Other Countries			
	30. Totals			
Banks, Trust and Insurance Companies (unaffiliated)	31. United States			
	32. Canada			
	33. Other Countries			
	34. Totals			
Industrial and Miscellaneous (unaffiliated)	35. United States			
	36. Canada			
	37. Other Countries			
	38. Totals			
Parent, Subsidiaries and Affiliates	39. Totals			
	40. Total Preferred Stocks			
COMMON STOCKS				
Public Utilities (unaffiliated)	41. United States			
	42. Canada			
	43. Other Countries			
	44. Totals			
Banks, Trust and Insurance Companies (unaffiliated)	45. United States			
	46. Canada			
	47. Other Countries			
	48. Totals			
Industrial and Miscellaneous (unaffiliated)	49. United States			
	50. Canada			
	51. Other Countries			
	52. Totals			
Parent, Subsidiaries and Affiliates	53. Totals			
	54. Total Common Stocks			
	55. Total Stocks			
	56. Total Bonds and Stocks	5,829,237	5,888,955	5,881,386

SCHEDULE D - Verification Between Years

Bonds and Stocks

1. Book/adjusted carrying value of bonds and stocks, prior year.	5,046,486	7. Amortization of premium	69,815
2. Cost of bonds and stocks acquired, Column 7, Part 3.....	2,792,536	8. Foreign Exchange Adjustment:	
3. Accrual of discount	30	8.1 Column 15, Part 1	
4. Increase (decrease) by adjustment:		8.2 Column 19, Part 2, Section 1	
4.1 Columns 12 - 14, Part 1.....		8.3 Column 16, Part 2, Section 2	
4.2 Column 15 - 17, Part 2, Section 1.....		8.4 Column 15, Part 4	
4.3 Column 15, Part 2, Section 2.....		9. Book/adjusted carrying value at end of current period	5,829,237
4.4 Column 11 - 13, Part 4.....		10. Total valuation allowance	
5. Total gain (loss), Column 19, Part 4		11. Subtotal (Lines 9 plus 10)	5,829,237
6. Deduct consideration for bonds and stocks disposed of Column 7, Part 4.....	1,940,000	12. Total nonadmitted assets	
		13. Statement value of bonds and stocks, current period	5,829,237

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations											
		1 Year or Less		Over 1 Year Through 5 Years		Over 5 Years Through 10 Years		Over 10 Years Through 20 Years		6	
Quality Rating Per the NAIC Designation										Column 6 as a % of Line 10.7	
1.	U.S. Governments, Schedules D & DA (Group 1)	2.540,092	3,289,145							5,829,237	
1.1	Class 1									100.00	5,829,237
1.2	Class 2										
1.3	Class 3										
1.4	Class 4										
1.5	Class 5										
1.6	Class 6										
1.7	TOTALS	2,540,092	3,289,145							5,829,237	
2.	All Other Governments, Schedules D & DA (Group 2)										
2.1	Class 1										
2.2	Class 2										
2.3	Class 3										
2.4	Class 4										
2.5	Class 5										
2.6	Class 6										
2.7	TOTALS									100.00	5,829,237
3.	States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)										
3.1	Class 1										
3.2	Class 2										
3.3	Class 3										
3.4	Class 4										
3.5	Class 5										
3.6	Class 6										
3.7	TOTALS										
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)										
4.1	Class 1										
4.2	Class 2										
4.3	Class 3										
4.4	Class 4										
4.5	Class 5										
4.6	Class 6										
4.7	TOTALS										
5.	Special Revenue & Special Assessment Obligations etc. Non-Guaranteed, Schedules D & DA (Group 5)										
5.1	Class 1										
5.2	Class 2										
5.3	Class 3										
5.4	Class 4										
5.5	Class 5										
5.6	Class 6										
5.7	TOTALS										

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

		Quality and Maturity Distribution of All Bonds Owned December 31, at Book (Adjusted Carrying Values by Major Types of Issues and NAIC Designations)										
		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6.	Quality Rating Per the NAIC Designation											
6.1	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1.1	Class 1											
6.1.2	Class 2											
6.1.3	Class 3											
6.1.4	Class 4											
6.1.5	Class 5											
6.1.6	Class 6											
6.1.7	TOTALS											
7.	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1	Class 1											
7.2	Class 2											
7.3	Class 3											
7.4	Class 4											
7.5	Class 5											
7.6	Class 6											
7.7	TOTALS											
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Class 1											
8.2	Class 2											
8.3	Class 3											
8.4	Class 4											
8.5	Class 5											
8.6	Class 6											
8.7	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Class 1											
9.2	Class 2											
9.3	Class 3											
9.4	Class 4											
9.5	Class 5											
9.6	Class 6											
9.7	TOTALS											

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations									
		1 Year or Less		2 Over 1 Year Through 5 Years		3 Over 5 Years Through 10 Years		4 Over 10 Years Through 20 Years	
Quality Rating Per the NAIC Designation									
10. Total Bonds Current Year									
10.1 Class 1		2,540,092		3,289,145				5,829,237	
10.2 Class 2									XXX
10.3 Class 3									XXX
10.4 Class 4									XXX
10.5 Class 5									XXX
10.6 Class 6									XXX
10.7 TOTALS		2,540,092		3,289,145				(b) 5,829,237	
10.8 Line 10.7 as a % of Column 6		43.58		56.42				100.00	
11. Total Bonds Prior Year									
11.1 Class 1			5,046,487						XXX
11.2 Class 2									XXX
11.3 Class 3									XXX
11.4 Class 4									XXX
11.5 Class 5									XXX
11.6 Class 6									XXX
11.7 TOTALS			5,046,487					(c) 5,046,487	
11.8 Line 11.7 as a % of Col. 8			100.00					100.00	
12. Total Publicly Traded Bonds									
12.1 Class 1		2,540,092		3,289,145				5,829,237	
12.2 Class 2									XXX
12.3 Class 3									XXX
12.4 Class 4									XXX
12.5 Class 5									XXX
12.6 Class 6									XXX
12.7 TOTALS		2,540,092		3,289,145				5,829,237	
12.8 Line 12.7 as a % of Col. 6		43.58		56.42				100.00	
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10		43.58		56.42				100.00	
13. Total Privately Placed Bonds									
13.1 Class 1									XXX
13.2 Class 2									XXX
13.3 Class 3									XXX
13.4 Class 4									XXX
13.5 Class 5									XXX
13.6 Class 6									XXX
13.7 TOTALS									XXX
13.8 Line 13.7 as a % of Col. 6									XXX
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10									XXX

(a) Includes \$ 0 fresh tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A. 0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z**" means 0 prior year of bonds with 2* designations. The letter "2*" means the NAIC designation was assigned by the SVO at the date of the statement.

(b) Includes \$ 0 current year, \$ 0 prior year of bonds with 7* designations and \$ 0 prior year of bonds with 6* designations. The letter "7" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments. "6" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

(c) Includes \$ 0 current year, \$ 0 prior year of bonds with 5* designations and \$ 0 prior year of bonds with 6* designations. "5" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
		1 1 Year or Less		2 Over 1 Year Through 5 Years		3 Over 5 Years Through 10 Years		4 Over 10 Years Through 20 Years		5 Over 20 Years	
Distribution by Type											
1.	U.S. Governments, Schedules D & DA (Group 1)										
1.1	Issuer Obligations	2,540,092		3,289,145						5,046,487	
1.2	Single Class Mortgage-Backed/Asset-Backed Securities			3,289,145						5,046,487	
1.7	TOTALS	2,540,092								100.00	
2.	All Other Governments, Schedules D & DA (Group 2)									100.00	
2.1	Issuer Obligations										
2.2	Single Class Mortgage-Backed/Asset-Backed Securities										
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										
2.3	Defined										
2.4	Other										
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:										
2.5	Defined										
2.6	Other										
2.7	TOTALS										
3.	States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)										
3.1	Issuer Obligations										
3.2	Single Class Mortgage-Backed/Asset-Backed Securities										
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										
3.3	Defined										
3.4	Other										
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:										
3.5	Defined										
3.6	Other										
3.7	TOTALS										
4.	Political Subdivisions of States, Territories & Possessions, Guaranteed, Schedules D & DA (Group 4)										
4.1	Issuer Obligations										
4.2	Single Class Mortgage-Backed/Asset-Backed Securities										
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										
4.3	Defined										
4.4	Other										
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:										
4.5	Defined										
4.6	Other										
4.7	TOTALS										
5.	Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, SCH D & DA (Group 5)										
5.1	Issuer Obligations										
5.2	Single Class Mortgage-Backed/Asset-Backed Securities										
	MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:										
5.3	Defined										
5.4	Other										
	MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:										
5.5	Defined										
5.6	Other										
5.7	TOTALS										

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

	Distribution by Type	Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues						Column 6 as a % of Line 10.7	Column 6 From Column 6 Prior Year	Column 7 % From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed
		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year					
6.	Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1	Issuer Obligations											
6.2	Single Class Mortgage-Backed/Asset-Backed Securities											
6.3	Defined											
6.4	Other											
7.	MULTICLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.1	Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.2	Single Class Mortgage-Backed/Asset-Backed Securities											
7.3	Defined											
7.4	Other											
7.5	MULTICLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.6	Defined											
7.7	TOTALS											
8.	Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1	Issuer Obligations											
8.2	TOTALS											
9.	Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1	Issuer Obligations											
9.2	Single Class Mortgage-Backed/Asset-Backed Securities											
9.3	Defined											
9.4	Other											
9.5	MULTICLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.6	Defined											
9.7	Other											
	TOTALS											

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues									
	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year
	Distribution by Type								10 Total Publicly Traded
10. Total Bonds Current Year									
10.1 Issuer Obligations									
10.2 Single Class Mortgage-Backed/Asset-Backed Securities									
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:									
10.3 Defined									
10.4 Other									
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:									
10.5 Defined									
10.6 Other									
10.7 TOTALS									
10.8 Line 10.7 as a % of Column 6									
11. Total Bonds Prior Year									
11.1 Issuer Obligations									
11.2 Single Class Mortgage-Backed/Asset-Backed Securities									
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:									
11.3 Defined									
11.4 Other									
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:									
11.5 Defined									
11.6 Other									
11.7 TOTALS									
11.8 Line 11.7 as a % of Column 8									
12. Total Publicly Traded Bonds									
12.1 Issuer Obligations									
12.2 Single Class Mortgage-Backed/Asset-Backed Securities									
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:									
12.3 Defined									
12.4 Other									
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:									
12.5 Defined									
12.6 Other									
12.7 TOTALS									
12.8 Line 12.7 as a % of Column 6									
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10									
13. Total Privately Placed Bonds									
13.1 Issuer Obligations									
13.2 Single Class Mortgage-Backed/Asset-Backed Securities									
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:									
13.3 Defined									
13.4 Other									
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:									
13.5 Defined									
13.6 Other									
13.7 TOTALS									
13.8 Line 13.7 as a % of Column 6									
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10									

39	Schedule DA Part 2	NONE
40	Schedule DB Part A Verification	NONE
40	Schedule DB Part B Verification	NONE
41	Schedule DB Part C Verification	NONE
41	Schedule DB Part D Verification	NONE
41	Schedule DB Part E Verification	NONE
42	Schedule DB Part F Sn 1 - Sum Replicated Assets	NONE
43	Schedule DB Part F Sn 2 - Recon Replicated Assets	NONE
44	Schedule S - Part 1 - Section 2	NONE

SCHEDULE S - PART 2
**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
35181	13-2912259	01/01/2007	EXECUTIVE RISK IND INC	Wilmington, DE	42,303	
0599999 Total - Accident and Health, Non-Affiliates					42,303	
0699999 Totals - Accident and Health					42,303	
0799999 Totals - Life, Annuity and Accident and Health					42,303	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year									
1	2	3	4	5	6	7	8	9	10
NAC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief 11
Separate Accounts Authorized - Non-Affiliates									
35181	13-2912259	01/01/2007	EXECUTIVE RISK IND INC	Wilmington DE	OTH/All		327,951		
0999899 Subtotal - Separate Accounts Authorized - Non-Affiliates							327,951		
1099899 Total - Separate Accounts Authorized							327,951		
1499899 Total - Authorized and Unauthorized Separate Accounts							327,951		
1599899 Totals							327,951		

SCHEDULE S - PART 4

				Reinsurance Ceded To Unauthorized Companies										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8	
NONE														
119999 Totals (General Account and Separate Accounts combined)														

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2007	2 2006	3 2005	4 2004	5 2003
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	328				
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	42				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	25,742,760		25,742,760
2. Accident and health premiums due and unpaid (Line 13)	3,148,732		3,148,732
3. Amounts recoverable from reinsurers (Line 14.1)	42,303		42,303
4. Net credit for ceded reinsurance	X X X	12,991,470	12,991,470
5. All other admitted assets (Balance)	2,531,165		2,531,165
6. Total assets (Line 26)	31,464,960	12,991,470	44,456,430
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	14,781,556		14,781,556
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)	305,858		305,858
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	8,732,183		8,732,183
13. Total liabilities (Line 22)	23,819,597		23,819,597
14. Total capital and surplus (Line 31)	7,645,363	X X X	7,645,363
15. Total liabilities, capital and surplus (Line 32)	31,464,960		31,464,960
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid	12,908,537		
17. Accrued medical incentive pool			
18. Premiums received in advance	133,901		
19. Reinsurance recoverable on paid losses	42,303		
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables	13,084,741		
22. Premiums receivable	93,271		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets	93,271		
27. Total net credit for ceded reinsurance	12,991,470		

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES**

State, Etc.	Is Insurer Licensed (Yes or No)	Direct Business Only								Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9	
1. Alabama (AL)	Yes	1,462,431 .....								.1,462,431
2. Alaska (AK)	No									
3. Arizona (AZ)	No									
4. Arkansas (AR)	Yes	510,583	15,664,117							16,174,700
5. California (CA)	No									
6. Colorado (CO)	No									
7. Connecticut (CT)	No									
8. Delaware (DE)	No									
9. District of Columbia (DC)	No									
10. Florida (FL)	No									
11. Georgia (GA)	No									
12. Hawaii (HI)	No									
13. Idaho (ID)	No									
14. Illinois (IL)	No									
15. Indiana (IN)	No									
16. Iowa (IA)	No									
17. Kansas (KS)	No									
18. Kentucky (KY)	No									
19. Louisiana (LA)	No									
20. Maine (ME)	No									
21. Maryland (MD)	No									
22. Massachusetts (MA)	No									
23. Michigan (MI)	No									
24. Minnesota (MN)	No									
25. Mississippi (MS)	Yes	812,561	17,634,215							18,446,776
26. Missouri (MO)	No									
27. Montana (MT)	No									
28. Nebraska (NE)	No									
29. Nevada (NV)	No									
30. New Hampshire (NH)	No									
31. New Jersey (NJ)	No									
32. New Mexico (NM)	No									
33. New York (NY)	No									
34. North Carolina (NC)	No									
35. North Dakota (ND)	No									
36. Ohio (OH)	No									
37. Oklahoma (OK)	No									
38. Oregon (OR)	No									
39. Pennsylvania (PA)	No									
40. Rhode Island (RI)	No									
41. South Carolina (SC)	Yes									
42. South Dakota (SD)	No									
43. Tennessee (TN)	Yes	2,795,730	80,448,658 .....							.83,244,388
44. Texas (TX)	No									
45. Utah (UT)	No									
46. Vermont (VT)	No									
47. Virginia (VA)	No									
48. Washington (WA)	No									
49. West Virginia (WV)	No									
50. Wisconsin (WI)	No									
51. Wyoming (WY)	No									
52. American Samoa (AS)	No									
53. Guam (GU)	No									
54. Puerto Rico (PR)	No									
55. U.S. Virgin Islands (VI)	No									
56. Northern Marianas Islands (MP)	No									
57. Canada (CN)	No									
58. Aggregate other alien (OT)	XXX									
59. Subtotal	XXX	5,581,305	113,746,990 .....							.119,328,295
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. TOTAL (Direct Business)	(a) .5	5,581,305	113,746,990 .....							.119,328,295
DETAILS OF WRITE-INS										
5801.	XXX									
5802.	XXX									
5803.	XXX									
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX									
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX									

(a) Insert the number of yes responses except for Canada and Other Alien.

Explanation of basis of allocation of premiums by states, etc.: The first step in completing Schedule T is to allocate CMS premiums by line of business. Windsor's monthly premium payments from CMS are split by contract, so actual figures are used for this level of reporting break down. Next, PDP premiums are broken down by state using a supporting schedule developed by Windsor based on the CMS payment file. The applicable state is determined using each member's address on that file. However, this supporting schedule shows premiums by state based upon the month of coverage whereas the financial statements reflect premiums accounted for in accordance with accounting principles. As a result, for NAIC reporting, Windsor uses the supporting schedule to calculate the ratio of premiums by state to total premiums and applies those ratios to the total financial statement premiums. Similarly, for its MA-PD line of business, Windsor calculates the CMS portion of the premium per state based on the members' addresses on the monthly payment file. This information is again maintained on a supporting schedule so an allocation is necessary based on calculated ratios. The member portion of the premium for each plan is also linked to his/her state based on the payment file. These member premiums are then allocated to states using the same ratios as calculated for the CMS payment.

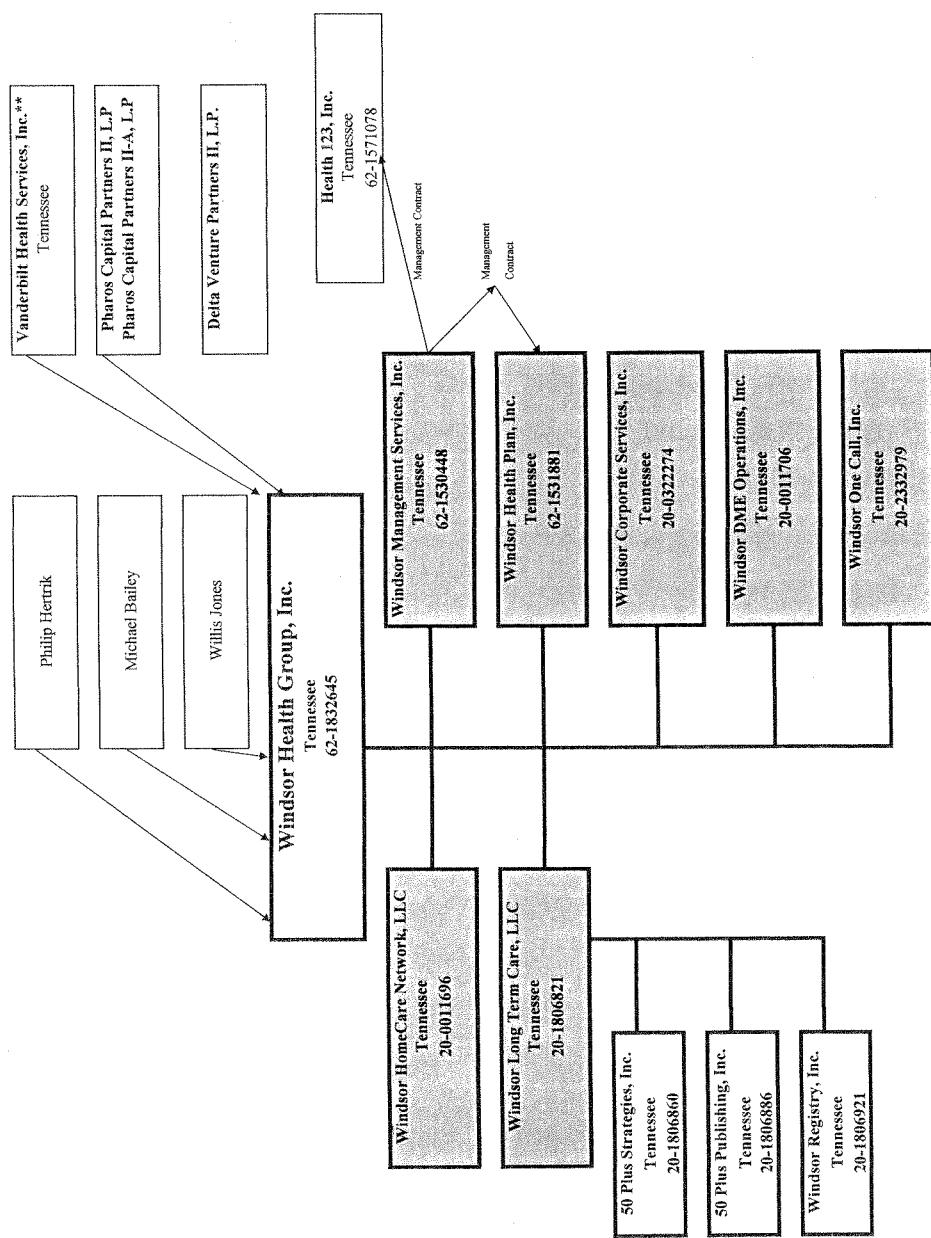
SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	5 Capital Contributions	6 Income/(Disburse- ments) incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	7 Management Agreements and Service Contracts	8 Income/(Disburse- ments) incurred Under Reinsurance Agreements	9 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	10	11	12	13 Reinsurance Recoverable/ (Payable), on Losses and/or Reserve Credit Taken/ (Liability)
95792	62-1530448 62-1531881	WINDSOR MANAGEMENT SERVICES, INC WINDSOR HLTH PLAN INC			19,595,960 (19,595,960)	*				19,595,960 (19,595,960)		
9999999 Totals								XXX				

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

JUNE FILING

8. Will an audited financial report be filed by June 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
13. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? Yes

APRIL FILING

14. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
15. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
16. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



9579220073600005 2007 Document Code: 360

Health Life Supplement



9579220072050005 2007 Document Code: 205

Health Property / Casualty Supplement



9579220072070005 2007 Document Code: 207

Schedule SIS



9579220074200005 2007 Document Code: 420

LTC Experience Reporting Form C



9579220073300005 2007 Document Code: 330

Health Life Supplement - LHA Guaranty Association Reconciliation



9579220072110005 2007 Document Code: 211

Health Property / Casualty Supplement



9579220072070005 2007 Document Code: 207

E01 Schedule A - Part 1 Real Estate Owned NONE

E02 Schedule A - Part 2 Real Estate Acquired NONE

E03 Schedule A - Part 3 Real Estate Sold NONE

E04 Schedule B - Part 1 Mortgage Loans Owned NONE

E05 Schedule B - Part 2 Mortgage Loans Sold NONE

E06 Schedule BA - Part 1 Invested Assets Owned NONE

E07 Schedule BA - Part 2 Invested Assets Sold NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

CUSIP Identifi- cation	Description	Fair Value										Change in Book-Adjusted Carrying Value						Interest		Dates									
		7				8				9		10		11		12		13		14	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B.I.A.C.V.	15	16	17	18			
		3	4	5	Codes	6	7	8	9	Rate Used to Obtain Fair Value	Book/ Adjusted Carying Value	Par Value	Fair Value	10	11	12	13	14	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B.I.A.C.V.	15	16	17	18					
U.S. Governments - Issuer Obligations																													
3134AC0272	Federal Home Loan Mortgage Corporation	1						1,485,719	108,376	1,485,680	1,470,464	1,485,719	1,485,715	1,485,680	1,470,464	1,470,515	1,467,515	(15,000)	(15,000)	AO	6,750	12,858	6,750	6,750	AO	04152006	03302006	04152006	03302006
313594D144	Federal National Mortgage Association							785,015	77,500	785,000	77,500	785,015	785,000	785,000	77,500	77,500	77,500	77,500	NS	6,121	6,121	6,121	6,121	NS	03162006	06152006	03162006	06152006	
3134AC0414	Federal Home Loan Mortgage Corporation	1						507,220	102,286	507,230	510,449	507,220	507,230	507,230	510,449	509,000	509,000	(2,636)	(2,636)	NS	5,750	11,734	5,750	5,750	NS	03162006	06152006	03162006	06152006
3134AC0414	US Treasury Note							301,615	100,000	301,615	301,714	301,615	301,714	301,714	301,615	300,000	300,000	10,744	10,744	FA	5,500	24,150	5,500	5,500	FA	02152006	07122006	02152006	07122006
9128277328	Federal Home Loan Mortgage Corporation							302,938	100,000	302,938	306,311	302,938	306,311	306,311	302,938	304,918	304,918	30,393	30,393	FA	5,375	8,197	5,375	5,375	FA	04112007	04112007	04112007	04112007
312654248	Federal Home Loan Bank	1						100,1413	100,1413	100,1413	100,1413	100,1413	100,1413	100,1413	100,1413	100,1413	100,1413	30,107	30,107	FA	4,900	10,104	4,900	4,900	FA	02062010	05302007	02062010	05302007
3134AC0415	Federal Home Loan Mortgage Association							532,940	107,186	532,940	532,940	532,940	532,940	532,940	532,940	532,940	532,940	30,393	30,393	FA	7,000	17,500	7,000	7,000	FA	02152007	04112007	02152007	04112007
3133AC0200	Federal Home Loan Bank							1,980,563	102,6560	1,980,563	1,980,563	1,980,563	1,980,563	1,980,563	1,980,563	1,980,563	1,980,563	(1,066)	(1,066)	FA	5,375	5,375	5,375	5,375	FA	0412007	0412007	0412007	0412007
319999E1	U.S. Governments - Issue Obligations							XXX	5,881,395	XXX	5,881,395	5,881,395	XXX	5,881,395	5,881,395	XXX	5,881,395	5,881,395	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
039999S Subtotal - U.S. Governments								XXX	5,881,386	XXX	5,881,386	5,881,386	XXX	5,881,386	5,881,386	XXX	5,881,386	5,881,386	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
549999S Subtotal - U.S. Governments - Issue Obligations								XXX	5,881,385	XXX	5,881,385	5,881,385	XXX	5,881,385	5,881,385	XXX	5,881,385	5,881,385	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
609999S Grand Total - Bonds								XXX	5,881,395	XXX	5,881,395	5,881,395	XXX	5,881,395	5,881,395	XXX	5,881,395	5,881,395	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

E09 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned NONE

E10 Schedule D - Part 2 Sn 2 Common Stocks Owned NONE

ANNUAL STATEMENT FOR THE YEAR 2007 OF THE Windsor Health Plan, Inc.

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U.S. Governments								
312875C48	Federal Home Loan Mortgage Corporation		04/11/2007	Bank of America	XXX	304,888	305,000.00	2,823
3134433L8	Federal Home Loan Mortgage Association		05/30/2007	Regions Morgan Keegan	XXX	527,035	500,000.00	7,292
31513XLZ00	Federal Home Loan Bank		10/15/2007	Regions Morgan Keegan	XXX	1,980,613	1,940,000.00	15,931
0369999 Subtotal - Bonds - U.S. Governments						2,792,536	2,745,000.00	26,046
6099999 Subtotal - Bonds - Part 3						2,792,536	2,745,000.00	26,046
6099998 Summary Item from Part 5 for Bonds						2,792,536	2,745,000.00	26,046
6099999 Subtotal - Bonds						2,792,536	2,745,000.00	26,046
6599998 Summary Item from Part 5 for Preferred Stocks						XXX	XXX	.....
7299998 Summary Item from Part 5 for Common Stocks						XXX	XXX	.....
7399999 Subtotal - Preferred and Common Stocks						2,792,536	2,745,000.00	26,046
7499999 Totals						2,792,536	2,745,000.00	26,046